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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/057,530
	Filing Date	January 25, 2002
	First Named Inventor	Paul L. Lagraff
	Art Unit	2856
	Examiner Name	RAEVIS, ROBERT R
Total Number of Pages in This Submission	Attorney Docket Number	028647-000032

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Express Mail Certificate; and Acknowledgment Postcard.
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Firm Name	MOORE & VAN ALLEN PLLC		
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Date	December 19, 2005	Reg. No.	38,194

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Date of Deposit: December 19, 2005

First Named Inventor: Paul L. Lagraff

For: BIOAEROSOL SLIT IMPACTION SAMPLING DEVICE

I hereby certify that the following documents:

1. Transmittal Form (PTO/SB/21);
2. Petition for Extension of Time (in duplicate) (PTO/SB/22);
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